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Weekly Bulletin



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GUY P. JONES
EDITOR

Now Is Time to
Control Poliomyelitis.

In the Weekly Bulletin for April 11th, 1925, attention was called to the undue prevalence of poliomyelitis. It was pointed out in that issue that poliomyelitis is ordinarily more prevalent during the early fall than during any other season of the year. Attention was called to the fact that experience has shown that, in those years when more cases than usual appear during the spring months, pronounced outbreaks of quite extensive proportions nearly always occur during the fall of the year. Since the publication of these statements, last month, still more cases of poliomyelitis have appeared. About thirty cases have occurred in California during the past four weeks; as many as 12 and 13 cases having been reported during separate 7-day periods.

There has not been an extensive outbreak of poliomyelitis in California since 1915. The present trend of the disease, however, indicates the necessity for providing every possible safeguard against an epidemic of the disease next fall. Health officers are urged to do all that may be possible to secure immediate reports of all cases of poliomyelitis and of all cases that may be suspected as cases of this dread disease. Prompt reporting is essential, for this is the first and most important step in the control of this disease, and unless all suspected cases are reported and investigated without delay the control of the disease is made extremely difficult. In the last extensive outbreak of poliomyelitis in California one-half of the more than 500 persons

who contracted the disease were paralyzed and one-fourth of those suffering from the disease died. It is one of the most serious of children's diseases and one of the most difficult diseases to control.

In the United States, in 1916, there were 29,000 cases of poliomyelitis with 6000 deaths. Fortunately, we in California, have escaped many of the extremely disastrous outbreaks of this disease that have been suffered elsewhere. If we are to prevent the occurrence of an outbreak during the coming fall the utmost vigilance at the present time is a matter of absolute necessity. All cases of illness in children should be given the most careful attention at the present time and health officers should do all that may be possible in order to secure the full cooperation of members of the medical profession, nurses and residents of their respective communities, in establishing every available safeguard against poliomyelitis at the present time.

☙ ☙
"For full indeed is earth of woes, and full the sea; and in the day as well as night diseases unbidden haunt mankind, silently leaving ills to men."—Hesiod.

☙ ☙
"He sleeps well who knows not that he sleeps ill."
"Absence of occupation is not rest,
A mind quite vacant is a mind distress'd."
—Cowper.

☙ ☙
"Death is the ugly fact which Nature has to hide and she hides it well."—Dreamthorpe.
"Canst thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some secret oblivious antidote
Cleanse the stuffed bosom of that perilous stuff,
Which weighs upon the heart?"—Macbeth.

Public Health Nurses To Meet in Convention.

The California State Nurses' Association will hold its annual convention in Santa Cruz during the first week of June. At the same time the public health nurses of the State will hold a separate session. The California State Organization for Public Health Nursing in cooperation with the Department of Physical Education of the State Board of Education will also hold a special conference for school nurses. Dr. Herbert R. Stolz, State Supervisor of Physical Education, will present the key addresses at this conference.

Following are the programs for the public health nurses' conference and the school nurses' conference.

PUBLIC HEALTH NURSES' CONVENTION.

Wednesday, June 3.

8 a. m. Breakfast Round Table.

Jenet M. Roush, presiding.

1. Maternity and Infancy Service—Ellen S. Stadtmuller, M.D., Director, Bureau of Child Hygiene, California State Board of Health.

Discussion, led by Miss Celia M. Crosse, P.H.N., Bureau of Child Hygiene, California State Board of Health.

2. Day Nurseries—Mrs. Margaret Sirch, Agent, State Board of Charities and Corrections.

9.30 a. m. Morning Session.

Mary Elizabeth Davis, presiding.

1. Pedagogical Training for Public Health Nurses—Miss Elnora E. Thomson, American Child Health Association.
2. Communicable Diseases. Home Visits. Demonstration Good Cheer Health Center of San Jose, California.
3. The Future of Public Health Organization—Dr. Walter M. Dickie, Secretary, California State Board of Health.

2 p. m. Afternoon Session.

Mary Elizabeth Davis, presiding.

1. The Development of a Course in Public Health Nursing at Leland Stanford University—Dr. Adelaide Brown, California State Board of Health.
2. The Newer Aspects of Public Health—C. O. Sappington, M.D., Dr. P.H., Oakland, California.
3. The Development of a Course in Public Health Nursing at University of California—Miss Edith Bryan, Assistant Professor of Public Health, University of California.
4. The Evolution of the Public Health Nurse. Demonstration. Miss Mabel Rainbow, Superintendent of Public Health Nurses, Oakland Visiting Nurses' Association.

CALIFORNIA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING.

In Cooperation With Department of Physical Education, State Board of Education.

Conference for School Nurses, Friday, June 5.

10 a. m. Morning Session.

Mary Elizabeth Davis, presiding.

1. Vitalizing Information About Health—Miss Alma Dobbs, Supervisor, Physical Education, Los Angeles City Schools. Discussion, led by-----

11 a. m.

2. Health Habit Training—Herbert R. Stolz, M.D., State Supervisor, Department of Physical Education, State Board of Education. Discussion, led by-----

1.30 p. m. Afternoon Session.

Mary Elizabeth Davis, presiding.

1. Sociological Aspects of the Work of the School Nurse—Miss Elnora E. Thomson, American Child Health Association. Discussion led by Miss Amelia Feary, R.N., University of California Hospital, San Francisco.

2 p. m.

2. Practical Points in Communicable Disease Control in Schools—W. P. Shepard, M.D., Director of Health Education, Berkeley City Schools. Discussion, led by Miss Ethel Frances Murray, P. H. N., Del Norte County Nurse, Crescent City.

3 p. m.

3. Health Inspections in School—Herbert R. Stolz, M.D., State Supervisor, Department of Physical Education, State Board of Education. Discussion led by Miss Edith Bryan, Assistant Professor of Public Health, University of California.
4. Discussion of the laws governing school nurses and public health nurses in California.



Mental Hygiene And Childhood.

By FRANKWOOD E. WILLIAMS, M.D.,
Director, Division on Education, National
Committee for Mental Hygiene.

Every day we meet people with whom it is difficult to get along. They are queer or odd, irritable, unreasonable, selfish and egotistical, or sly and untrustworthy, or they may have no sense of responsibility and try to put the burden of work or blame for failure on others. Sometimes others find it difficult to get on with us because we are self-centered or full of prejudices, so that we can not see clearly and fairly the other person's point of view.

People are not born this way. They are made this way. The foundations of these types of personality are laid in childhood. One forms mental habits as

one forms physical habits. Some are good and some are bad. We take great care of helping the child form good physical habits, but we are inclined to neglect almost entirely the emotional habits the child may develop, although so far as the happiness of the child and its future success in dealing with others is concerned, these are probably more important. Every waking hour the child is reacting emotionally to situations that arise in its environment—in the school, in the home and on the playground. Through these experiences he forms emotional habits—ways of meeting unpleasant situations, ways of looking at things, ways of feeling about things. These habits tend to become fixed and if they are bad habits, they lead in adult life to much unhappiness and inefficiency, such as you and I find in our lives because no one helped us in these matters when we were children, or to the warped and twisted and odd personalities about which we have spoken. Sometimes they lead to nervous and mental breakdowns.

One can not, in a brief paper, discuss all the problems that have to do with the healthy development of the emotional life of the child, but one can point out a few important things:

Children should never be frightened. Frightening children is a very serious matter, although many careless adults take it as a joke. Frights in childhood often bring serious consequences.

Children must be taught to act in ways that are socially acceptable, but this should not be brought about through shaming them. Shame is not a healthy emotion to bring into the life of a child, neither is humiliation nor embarrassment nor painful self-consciousness before others.

Children should not be lied to concerning important matters, especially about the matter of sex. The lying and deceit are soon discovered and the experience is exceedingly bad for the child. Much of the unhappiness, worry, and failure at school, and of the nervous illnesses of young adolescents, as well as the nervous and mental breakdowns of later life, are due to the misunderstanding of these matters that has been brought about by the lying and deceit of others. It is of very great importance that this be avoided. The questions of a child along these lines should be answered honestly and without embarrassment, in accordance with the ability of the child to understand.

Every effort should be made to keep the child from developing feelings of inferiority. Parents and teachers often create these feelings in a child by calling

him names that indicate that they do not think very highly of the child, or by comparing the child with another child unfairly. "Mary is real smart, but John is dumb." No parent or teacher would permit such a remark in the presence of John if he understood the lasting harm that it is likely to do John, particularly if often repeated.

There come times when children must be punished. Children can be punished in ways that benefit them, but on the other hand, most unhappy consequences may follow unwise punishment. Punishment should be fair, reasonable and prompt. It should not be arbitrary or merely an expression of the whim of a parent or teacher, disregarding the child's sense of fairness and justice. Punishment that is merely an expression of a parent's or a teacher's anger, creates a perfectly proper anger and rebellion on the part of the child. The parent or teacher in losing his self-control is misbehaving worse than the child, and the child knows it. Such punishment may create fear in a child so that it "minds," but his good behavior is purchased at too high a price for the reason that the hatred of, and rebellion against, authority becomes a fixed emotional habit leading to great difficulties later on.

In helping the child to develop healthy mental habits, as we help him to develop good physical habits, it is well to keep in mind one fundamental principle—to permit the child as much freedom of expression as possible; allowing him to find an expression for himself and his own particular interests in his play, in his work and in his contact with other members of the family. Where this expression is unwise or unsafe or interferes with the rights of others, a wise parent will direct the child's energy into other and better channels, but without forcing a repression on the child that will be harmful.

Help the child to maintain his own self-respect. Do not by word or action take away from him what self-respect he has. A parent who gains control over his child by breaking the child's spirit is an unworthy parent.

And finally it should be remembered that if one desires to cultivate healthy mental habits in one's child, it is well to do a little cultivating in one's own personal garden.



MORBIDITY.*

Diphtheria.

94 cases of diphtheria have been reported, as follows: Los Angeles 23, San Francisco 10,

*From reports received on May 11 and 12 for week ending May 9th.

Glendale 6, Pasadena 6, Oakland 15, Fresno County 1, Palo Alto 1, Chula Vista 1, Long Beach 2, Stockton 1, Manteca 1, Berkeley 1, Los Angeles County 2, San Diego 1, Whittier 1, Riverside 1, Merced County 1, Albany 1, Solano County 1, Santa Ana 2, Salinas 1, Santa Cruz 2, Richmond 1, Sacramento 2, Kings County 1, Santa Rosa 1, Alameda 1, Stanislaus County 1, Alameda County 1, Gilroy 1, Visalia 1, Tehama County 1, Gridley 1, Sonoma County 1.

Measles.

54 cases of measles have been reported, as follows: Los Angeles 23, Los Angeles County 10, San Francisco 8, Long Beach 1, San Diego 1, Pasadena 1, South Gate 1, Huntington Park 1, Santa Cruz 1, Watsonville 1, Alameda 1, Bakersfield 1, Burlingame 1, Monrovia 1, Oakland 2.

Scarlet Fever.

144 cases of scarlet fever have been reported, as follows: Los Angeles 29, Long Beach 10, San Francisco 11, Santa Clara County 11, Los Angeles County 11, Kern County 8, San Diego 5, El Dorado County 5, Fresno County 5, Oakland 8, Stockton 2, Manteca 1, Lodi 1, Berkeley 1, San Joaquin County 2, Pasadena 1, Huntington Park 1, San Luis Obispo County 1, San Diego County 1, Alhambra 1, Redlands 1, San Mateo County 1, Santa Ana 2, Calexico 1, Ontario 1, Auburn 1, San Jose 4, Taft 1, San Bernardino County 2, Madera 1, Eureka 1, Alameda 1, Porterville 1, Riverside County 1, Selma 1, Plumas County 1, Visalia 1, Tulare County 3, Monterey Park 4.

Smallpox.

132 cases of smallpox have been reported, as follows: Los Angeles 27, San Diego 18, Los Angeles County 7, El Centro 5, Tulare County 7, Oakland 17, Santa Barbara 7, San Francisco 3, Corning 1, San Joaquin County 1, El Dorado County 1, Oceanside 1, National City 1, San Diego County 3, San Bernardino 4, Orange County 1, Oroville 1, Glendale 1, Porterville 3, Sutter County 3, Alhambra 1, Madera 1, Sacramento 1, San Jose 1, South

San Francisco 1, San Bernardino County 1, Santa Clara County 4, Yolo County 1, Piedmont 1, Long Beach 2, Monterey County 3, Tehama County 1, Sonoma County 2.

Whooping Cough.

471 cases of whooping cough have been reported, as follows: San Francisco 63, Los Angeles 66, Stockton 55, San Joaquin County 41, San Diego 30, Berkeley 28, Los Angeles County 24, Pasadena 20, Long Beach 16, Manteca 17, San Luis Obispo County 11, Riverside 13, National City 8, Fresno County 7, Alameda 8, Oakland 14, Monrovia 4, San Gabriel 1, Alhambra 3, Maywood 1, Corning 1, Kingsburg 3, Alameda County 1, Santa Clara County 3, Tracy 1, Lodi 2, Tuolumne County 4, Albany 1, Gilroy 3, Fresno 1, San Jose 1, Palo Alto 4, Culver City 1, Dinuba 3, Glendale 2, Colusa County 1, Burbank 1, Porterville 1, Watts 1, Daly City 1, Los Gatos 3, Santa Barbara 1, Corona 1.

Typhoid Fever.

5 cases of typhoid fever have been reported, as follows: San Diego 1, Santa Ana 1, California 1, San Fernando 1, Sacramento County 1.

Epidemic Meningitis.

3 cases of epidemic meningitis have been reported, as follows: Taft 1, Kings County 1, San Francisco 1.

Leprosy.

Los Angeles reported one case of leprosy.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Modesto 1, Long Beach 1, Oakland 1.

Jaundice (Epidemic).

Tulare County reported one case of epidemic jaundice.

Rocky Mountain Spotted Fever.

Lassen County reported one case of Rocky Mountain Spotted Fever.

COMMUNICABLE DISEASE REPORT.

Disease	1925				1924			
	Week ending			Reports for week ending May 9 received by May 12	Week ending			Reports for week ending May 10 received by May 13
	April 18	April 25	May 2		April 19	April 26	May 3	
Anthrax.....	0	0	0	0	0	0	0	0
Chickenpox.....	301	325	221	232	409	406	410	331
Diphtheria.....	90	109	119	94	233	205	189	198
Dysentery (Bacillary).....	1	3	0	2	2	0	2	1
Epidemic Encephalitis.....	3	3	3	0	6	5	2	2
Epidemic Jaundice.....	1	0	0	1	0	1	0	0
Epidemic Meningitis.....	3	2	0	3	0	0	5	1
Gonorrhoea.....	109	113	61	93	66	70	176	93
Influenza.....	61	35	61	37	18	17	21	26
Leprosy.....	1	0	1	1	0	0	0	0
Malaria.....	1	0	1	0	3	1	2	3
Measles.....	105	120	88	54	1282	1281	1110	979
Mumps.....	330	472	399	415	65	70	53	56
Pneumonia.....	76	42	38	37	64	58	161	42
Poliomyelitis.....	1	12	13	3	1	0	0	1
Rocky Mt. Spotted Fever.....	0	0	1	1	2	0	1	1
Scarlet Fever.....	114	129	115	144	224	196	232	147
Smallpox.....	161	189	188	132	377	317	360	139
Syphilis.....	131	102	180	163	105	88	194	130
Tuberculosis.....	282	169	208	235	215	273	184	141
Typhoid Fever.....	15	12	10	5	22	19	16	12
Whooping Cough.....	486	450	435	471	42	47	34	45
Totals.....	2271	2287	2142	2123	3134	3053	3152	2348